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Substitute for form 1449/PTO		Complete if Known 552715 Application Number		
			Application Number	1 39/ 22C/15
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			First Named Inventor	SCHREIBER
			Art Unit	
			Examiner Name	
Sheet	1 of	2	Attorney Docket Number	

			U.S. PATEN	T DOCUMENTS	The state of the s
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (f Incomp)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T
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/MS/		DE 40 35 799 A1	05-14-1992	Fa. Carl Zeiss		
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